

## **CITY OF ATLANTA APPLICATION FORM FOR 2004 FUNDING FOR NEW PROJECTS**

**Under the Community Development Block Grant (CDBG), HOME Grant,  
and Emergency Shelter Grant (ESG)**

***Do Not Complete this form if you are a current CDBG, ESG, or HOME recipient requesting continuation funding for this project. Instead, obtain and complete the application form for Continuing Projects.***

### **SPECIAL INSTRUCTIONS FOR NEW APPLICANTS**

**Before proceeding to complete this application, please review the accompanying Proposal Application Instruction Package and the Pre-Qualification Criteria below. Do not submit an application if you cannot meet all of the pre-qualifications. If your agency can meet the criteria, then be sure to attach required documentation (see section U of application).**

*(Note: This documentation is not required for government agencies **except** for # 5.)*

- 1.** Agency must have had (501(c)(3) non-profit status at least 2 full years or have 2 full years of operating experience under another non-profit entity that meets this criteria
- 2.** Certification of current registration and license from the Georgia Secretary of State's office
- 3.** Copy of most recent audit or financial statement (no older than 2001) which meets criteria described in Proposal Application Instruction Package
- 4.** Copy of written financial procedures (See Proposal Application Instruction Package for details.)
- 5.** Documentation of at least 12 months of experience in related area, as described in Proposal Application Instructions (may include letters of support, funding commitments, resumes of principal staff, and descriptions of past activities)

**Please note that if all the above information is not provided,  
your application will not qualify for funding consideration.**

*The City accepts proposals from any source, including agencies, governmental entities, civic groups, etc. However, only certain types of applicants may be designated as grant recipients. These include governmental agencies within the City of Atlanta and private non-profit organizations serving the City of Atlanta. Requests for individual assistance, either as a homeowner or for a business, should not be made on this Application Form.*

<b>One original and 5 copies of full application are to be transmitted no later than 4:00 P.M. on May 15, 2003 to:</b> City of Atlanta, Grants Management 68 Mitchell Street, SW, Suite 15100, Atlanta, Georgia 30335-0323 Telephone # (404) 330-6112 TDD (404) 658-7182	For GM Use Only: Proposal # _____ Date received _____
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**City of Atlanta Application Form for 2004 Funding for New Projects**  
**under the Community Development Block Grant (CDBG),**  
**HOME Grant, and Emergency Shelter Grant (ESG)**

**Project Name:** \_\_\_\_\_

<b>Capital Request</b>	<b>\$</b> _____	<b>Other Funding</b>	<b>\$</b> _____	<b>Total Capital Cost</b>	<b>\$</b> _____
<b>Operating Request</b>	<b>\$</b> _____	<b>Other Funding</b>	<b>\$</b> _____	<b>Total Operating</b>	<b>\$</b> _____

**A. Applicant Identification:**

Organization's **Legal** Name: \_\_\_\_\_

Contact Person's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Daytime Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Executive Director's Name *(if different from above)*: \_\_\_\_\_

Daytime Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

**B. Brief Summary Description of Project:** *(maximum 8 lines with 10 pt. type)*

**C. Project Site(s):** Enter location(s) of project activity, not service area. If located in City of Atlanta, include Council District, NPU, Neighborhood. If not known, call Bureau of Planning 404-330-6145.

Street Address/Zip	Council District	NPU	Neighborhood

**D. Service Area:**

<input type="checkbox"/>	1. Completely within the City of Atlanta:
<input type="checkbox"/>	a. Citywide
<input type="checkbox"/>	b. All low/moderate income neighborhoods <i>(See map in Instructions)</i>
<input type="checkbox"/>	c. Other, specify: _____
<input type="checkbox"/>	2. Partial service area within the City of Atlanta. <i>Explain below; include percentage of service in the City:</i>

**Applicant Certification of Accuracy:** Application is complete and accurate to the best of my knowledge.

<i>Name/Title of Agency Representative</i>	<i>Signature</i>	<i>Date</i>

- E. Detailed Project Description:** Describe **specifically** what you propose to do, how you propose to do it, when the project will start and timetable for program implementation, and the specific use of requested funding. Be sure to distinguish between an existing activity/facility/housing stock and a new or expanded activity/facility/housing stock. Community Housing Development Organizations applying for funds should also provide comprehensive physical development plan for the funding project activities, including detailed budget and market strategy (type of housing, population, income levels, sale and/or lease, numbers, etc.). Housing projects must also describe how they intend to target the population to be served. *(Attach additional pages if necessary and insert directly after this page and label as "Section E-1 Capital or Section E-2 Operating, as appropriate.)*

- F. Timetable for New Project:** Provide detailed implementation schedule for proposed activity, assuming availability of funding in March 2004. As explained in the Instruction Package, the City expects that you will be applying for funds that can be expended in no more than 12 to 18 months. Otherwise, project must be phased. Timetable should include execution of contract with the City (at least 4 weeks), design, environmental assessments, subcontracts, and all major components. Be sure to allow time (up to 6 months) for procurement(s) and to note anticipated project completion date. *(Note: Proof of insurance/bonding is required at time of contracting, and all sub-contractors are subject to City and federal procurement requirements and competitive bidding/selection.)*

**G. Project Beneficiaries: Information should relate only to activities supported by the requested funding.**

1. Describe specifically who will benefit and how they will benefit from the proposed activities, including demographics (such as age and gender of clients, neighborhoods to be targeted/served, or service income requirements). If serving special needs population group (e.g. elderly, disabled, HIV/AIDS, recovering substance abusers, mentally ill, etc.), then indicate the % of clients that have each particular special need.

2. If your proposal is requesting funding for housing or homeless shelter development/ improvements and/or direct service activities, then complete the appropriate chart(s) below. Assume 12 month funding (unless you specify otherwise) and funding at the requested level.

**a. For Housing Units Only**

Total # Units	Total # Beds	# Units below 50% Area Median	# Units below 30% Area Median	# Units Available to Purchase	# Units Available to Rent	# Special Needs Units/Beds*

*\*Special Needs due to age, mental illness, substance abuse, or other physical/developmental impairments and disabilities.*

**b. For Housing Units Only: Check if applicable and enter # of units**

Project will help build/rehab housing units for low-income individuals to purchase, # \_\_\_\_

Project will help build/rehab housing units for low-income individuals to rent, # \_\_\_\_

**c. For Homeless Beds Only:**

Total# Beds	# Shelter Beds	# Transitional Beds	# Special Needs Beds*	Maximum Length of Stay

*\*Special Needs due to age, mental illness, substance abuse, or other physical/developmental impairments and disabilities.*

**d. For Direct Service Projects Only:** (Includes homeless/social services and job training)

Annual Unduplicated # Served	Average # Served daily	% Low Income	% Special Needs *	% Homeless Served	% Homeless Families	% Elderly	Avg. Length of Follow Up Time
		%	%	%	%	%	

*NOTE: percentages above may total more than 100% because categories may overlap.*

3. If your proposal is requesting funding for housing development or rehabilitation, provide information regarding your marketing plan, including a description of how you intend to attract low-income individuals/families to purchase/rent these units. Also describe the length of affordability commitments for housing units assisted with these funds. (See the Proposal Application Instructions, page 10, for information regarding the requirements for Affordability Periods under the HOME program.)

**H. Anticipated Project Outcomes:** Complete the chart below to describe the most significant Outcome(s) this project is expected to have for its participants for year 2004. Tell how many households or individuals will realize each Outcome and how each Outcome will be measured. Copy chart and attach to describe additional Outcomes.

**Outcomes:** Outcomes are not the activities of the agency, but how the activities impact the people being served. Outcomes may be long term or short term but must be quantified and measurable. Outcomes must relate to activities funded under this contract and should be limited in number to reflect only major impacts. Examples of Outcomes include # of seniors remaining in their own homes, # of clients placed in permanent jobs with living wage; # of affordable housing units rehabbed or created.

**Tasks:** These are the major activities carried out by the contractor/agency that lead to the specific Outcome. All Tasks must be quantified as to either the number of services provided and/or the number of people receiving the service. Only major Tasks should be included. Examples of Tasks are: # of people provided daily senior center services; # of intake/assessments; # of follow-up calls to determine job retention

**Outcome Measurements:** How will the contractor/agency determine whether an Outcome has been achieved; how specifically will success be determined? Outcome Measures must be specific as to methodology and reporting requirements, including follow-up and reporting timetables. Measures must be an accurate reflection of the specific Outcome being addressed.

Use additional forms if more than 2 Outcomes are proposed

<b>Outcome # 1</b> <i>Describe how participants will benefit and how many are expected to realize this outcome.</i>	
<b>Major Tasks Necessary to Realize Outcomes</b>	
<b>Outcome Measures:</b> <i>Describe methodology, reporting requirement and timetable for each Measure</i>	

<b>Outcome # 2</b> <i>Describe how participants will benefit and how many are expected to realize this outcome.</i>	
<b>Major Tasks Necessary to Realize Outcomes</b>	
<b>Outcome Measures:</b> <i>Describe methodology, reporting requirement and timetable for each Measure</i>	

**I. Relationship to Another Proposed Project-Related Activity or Other Area Activities:**

Is this project related to or coordinated with other projects/activities in the target area? ☐ Yes ☐ No  
 If yes, provide project name(s) and description in the space below:

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**J. Community Support:** Is project supported by the affected neighborhood(s) and Neighborhood Planning Unit(s)? *You must meet with affected NPU(s) to present your proposal. See Information Package for details.*

☐ Yes - Attach letters of support. ☐ No - Describe problem(s). ☐ Don't Know

Describe plans to work with affected neighborhood(s) and NPU(s) to address problems and get support:

**K. Project Site:**

1. Site Control: Indicate below the status of the project site and attach documentation of site control: *(lease agreement, purchase option, or property deed)*

<input type="checkbox"/>	Applicant owns property: Date acquired:	_____
<input type="checkbox"/>	Lease. Expiration Date:	_____
<input type="checkbox"/>	Option to purchase. Expiration Date:	_____
<input type="checkbox"/>	Other, describe:	_____

2. Zoning: If zoning is not known, contact the City of Atlanta Zoning Office at 404-330-5173.  
*Not Required/Not Applicable for City infrastructure projects; required for all other applicants.*

a. Project structure type is: ☐ Residential ☐ Commercial ☐ Other: \_\_\_\_\_

b. What is current zoning classification of project site?:

c. Is site zoned correctly for the proposed activity?: ☐ Yes ☐ No ☐ Don't know

If No, provide an explanation of efforts and timetable to change zoning or obtain variance:

3. Age of Building(s): Proposed for Funding and/or Adjacent Buildings? *(Not applicable for service projects)*

a. If new construction, what is the approximate age of any adjacent or nearby structure(s)? \_\_\_\_\_

b. If renovation/rehab, what is the age of the existing structure(s) or facilities? \_\_\_\_\_

b. Are building(s) historic? ☐ Yes ☐ No Is the district historic? ☐ Yes ☐ No

d. If significant renovations have occurred to structures, describe and give date(s), if known.

4. Appraisal: If funding request is for property acquisition, has appraisal been done w/in past 18 months?

<input type="checkbox"/> Yes; must <u>attach</u> .	If appraisal is different than acquisition cost, explain discrepancy:
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<input type="checkbox"/> No.	If appraised value not known, what is the source of acquisition cost estimate?
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5. Liens/Encumbrances?

No.	Does property have any liens or legal encumbrances? If yes, provide details below:

**L. Relocation:** Does project require temporary/permanent relocation or moving of occupants of a structure?

☐ Yes      ☐ No      ☐ Don't know

*If yes, project is subject to The Uniform Relocation Assistance and Real Property Acquisition Policies Act (URA).*

1. How many units are vacant? \_\_\_\_\_ How long have these units been vacant? \_\_\_\_\_
2. How many units are occupied? \_\_\_\_\_ Requires: ☐ Temporary and/or ☐ Permanent Relocation?
3. How many of the occupied units are: Owner-occupied? \_\_\_\_\_ Renter-occupied? \_\_\_\_\_ Businesses? \_\_\_\_\_
4. What is the projected total relocation cost? (Must be included on project budget form, Section S) \$ \_\_\_\_\_
5. Describe relocation plans, including timetable, notifications to seller and occupants:

**M. Accessibility for Persons With Physical Disabilities:** (complete either 1 or 2 below): Federal regulations require that all facilities and/or services assisted with CDBG/ESG/HOME funds be accessible to the disabled, whenever feasible. Accessibility includes such things as: entrance ramps, parking with universal logo signage, grab bars around commodes and showers, top of toilet seats between 17-19 inches from the floor, drain lines under lavatory sink either wrapped or insulated, space for wheelchair maneuverability, accessible water fountains, access between floors (elevators, ramps, lifts), and other improvements needed to assure full access to funded facilities/programs, including serving the blind and deaf.

1. For Physical Improvement/Development Projects:

Will completed project meet ADA standards for accessibility by the disabled? ☐ Yes      ☐ No

2. For Service Programs (Direct Services):

Is facility, in which program occurs, in compliance with ADA accessibility standards? ☐ Yes      ☐ No

3. If you responded "No" in #1 or #2 above, describe accessibility problems and method to address problems, including funding and timetable:



- N. **Timetable for Completion and Status of Current Projects:** Provide a separate timetable for completion of each project currently funded by the City of Atlanta but not yet completed. When will funds be fully expended? Please provide expenditure schedule. When will all Outcomes be realized? When will project have achieved federal eligibility and meet all compliance requirements? What is current status of project? (Not required for social service/jobs projects.)

O. **Organizational Capacity:** *Not Required/Not applicable for Governmental Agencies or City infrastructure projects.*

1. **Corporate Status:** *Copy of incorporation documentation must be attached.*

<input type="checkbox"/>	Non-profit corporation; date of incorporation:	_____
<input type="checkbox"/>	For-profit corporation; date of incorporation:	_____
<input type="checkbox"/>	Community Housing Development Organization (CHDO); date of incorporation:	_____

*For organizations not previously designated by the City of Atlanta as a City CHDO, but desiring CHDO status, please contact the Bureau of Housing and Code Compliance at 404-330-6410.*

2. **Required Exhibits:** Check below. At the end of the application package, **attach two copies** of the following items: *(Note: Not required, nor applicable, for City infrastructure projects)*

<input type="checkbox"/>	Evidence of nonprofit status, IRS 501(c)(3)
<input type="checkbox"/>	Current State registration
<input type="checkbox"/>	Articles of Incorporation
<input type="checkbox"/>	Corporation Bylaws
<input type="checkbox"/>	Most recent audit or financial statement (no older than 2001)
<input type="checkbox"/>	Copy of written financial procedures and responsibilities
<input type="checkbox"/>	Listing of Board of Directors
<input type="checkbox"/>	Resumes/references for principal staff who will be involved in the proposed activity
<input type="checkbox"/>	Job descriptions for staff positions implementing the proposed activity

If any of the above items are applicable but not submitted with this application, explain:

**P. Agency Experience:** *(Not Required/Not Applicable for governmental agencies and departments.)*

Describe experience that relates specifically to the proposed program/activity. For agencies that have not previously implemented any activities similar to the proposal, describe other major areas of experience related to agency's ability to implement proposed project. Attach documentation of at least 12 months of experience in related area, as described in Information Package (may include letters of support, funding commitments, and descriptions of past activities). Use additional pages as needed.

**Q. Employment and Client Participation:**

1. Non-Discrimination: Do you notify the public that you do not discriminate based on race, color, religion, gender, sexual orientation, national origin, age or disabilities in hiring practices or provision of services?

☐ Yes, currently    ☐ Not currently    ☐ Willing to adopt practice

2. For All Projects: If new jobs are created by project funding, will you be willing to adopt a hiring policy giving preference to Community Development Impact Area residents? *(See CDIA map in Instructions)*

☐ Yes    ☐ No    ☐ Don't know

3. For All Projects Housing Homeless Clients: Do you have a resident/client participation policy?

☐ Yes (Attach copy)    ☐ No    ☐ No, but willing to adopt such a policy. If not explain:

**R. Type of Funding Requested:**      ☐ Loan      ☐ Grant      ☐ Combination

1. If loan or combined loan/grant request, provide proposed repayment schedule and terms. Add additional pages, if necessary and insert after this page. *Please note that for-profit agencies are generally **not** eligible for grants. Not Required/Not Applicable for City infrastructure projects.*

2. If applicant/project sponsor has outstanding loans on previously funded projects, please describe terms and payment history.

3. For Non-Profit and CDC/CHDO Agencies:

Provide justification for fees and income generated by grant funds. Include an estimate of the amount of revenue to be generated, and explain its source and anticipated use. If agency has previously-funded program that generated program income, please list those projects, the amount of program income that was generated, the date of program income, and how that program income was used.

**Sections S/T Budgets:** There are two budget sections: S: Budget For Physical Improvement/Development Projects Only, and T: Budget for Service Projects Only. Please fill out the appropriate budget(s). Do not combine two or more distinct programs in one budget; provide separate budgets for each separate program. **Projects that have both physical improvement and operational components should complete Sections S and T.**

**S. Budget for Physical Improvement/Development Projects Only: Include all items associated with implementing the activities described in the detailed project description (E, page 2).**

1. Physical Improvement/Development Budget Summary: If project has more than one distinct component, complete a separate budget for each separate component.

Line Item	Timetable for Each Phase	a. City \$ Requested by This Proposal	b. Project \$ from Other Resources <sup>3</sup>	c. Total Project Cost \$ (= a +b)
Acquisition/Land				
Acquisition/Structures				
Appraisals				
Demolition				
Site Preparation				
Relocation				
Architect/Engineering				
Lead-Based Paint Assessment/Abatement				
Insurance/Bonding <sup>1</sup>				
Construction Management Fees				
Builder/Developer Fees				
Audit <sup>2</sup>				
Other (specify):				
Construction (List below by components):				
<b>GRAND TOTALS</b>	<b>\$</b>			

<sup>1</sup>Note that General Liability Insurance (\$1 million); Automobile Liability Insurance, Worker's Compensation and Fidelity Bond (100% of contract amount) are usually required for all contractors. Costs for coverage should be included in this Budget Summary. If you do not already have this coverage, it is an eligible CDBG/ESG/HOME expense.

<sup>2</sup>All projects funded under the Consolidated Plan programs must have an annual independent audit. Agencies with total annual federal or federally-derived funding of \$300,000 or more must have an annual A-133 audit. The cost of conducting this audit is an eligible CDBG/ESG/HOME expense.

<sup>3</sup>Complete the sections on the next page under S.4.a and b for entries in this column.

2. Source of Budget Estimate: Provide source by name (architect, contractor, agency), qualifications and date of estimates. Attach copy of estimates, if available. Do **not** attach plans and specifications.

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3. Wage Rates: Davis-Bacon Federal Wage Rates are required under most circumstances for construction/rehabilitation projects funded by CDBG (8 or more units) or HOME (12 or more units). Do cost estimates include these Wage Rates? ☐ Yes ☐ No ☐ Not Applicable

4. Project \$ From Other Resources:

- a. All funds shown as "Other Resources" in the Budget Summary in Section S.1 should be shown here. "Other Resources" can include cash match, donated or in-kind physical match (such as free space, equipment, etc.) or in-kind professional match. Also include other federal State, county and City funding, as well as Low Income housing Tax Credits (LIHTC). For Other Resources needed for project implementation, please complete the following chart. Use the codes below in the Status Code column, and provide narrative explanations as needed in #4b of this page. *(If necessary, attach additional pages.) NOTE: Match for projects requesting both capital and operational funding should be kept separate and not duplicated.*

Proposed Source	Project Value in \$	Status Code <sup>1</sup>	Anticipated Date In Hand
Total \$ Value:	\$		

<sup>1</sup>Status Codes for "Other Resources":

<b>C</b>	Committed: <b>Attach documentation</b> (or provide timetable for submission of documentation). Professional in-kind match will be considered as Committed <i>only</i> with written documentation. Conditional commitments <i>must</i> include financial terms and restrictions. For continuing funding resources not yet committed for next year, provide most recent award letters. <i>Additional documentation may be submitted as available through August 2003. If committed but not documented, attach explanation.</i>
<b>A</b>	Applied For: Provide status and estimated notification date
<b>TBR</b>	To Be Raised: Describe funding plan and timetable in 4.b on next page

b. Explanations for 4.a. above:

5. Status of Bid Package Preparation (i.e., status of plans, drawings, specifications, etc.):

☐ List of needed improvements    ☐ Concept drawing    ☐ Bid ready specifications. Explain Below:

6. Estimated Annual Operational Budget: For facility proposed to be acquired, constructed or renovated, give the anticipated annual operating budget and explain how these operational funds will be provided, including whether they have been committed and, if so, by whom. *Provide documentation, if available.*

## T. Budget for Service Projects Only:

- 1a. **Budget Summary:** This section summarizes the information provided in more detail on pages 17-19 and should be consistent with that information. Include all line items associated with implementing the specific activities described in the detailed project description (E, page 2), regardless of funding source. *Include only the costs associated with the proposed activity, not all agency/organization resources.*

Line Item	a. City \$ Requested by This Proposal	b. Project \$s from Other Resources <sup>3</sup>	c. Total Project Cost \$ (= a +b)
a. Staff Salaries			
b. Staff Fringe Benefits			
c. Staff Travel			
d. Communications			
e. Rental/Lease			
f. Equipment Purchase			
g. Materials/Supplies			
h. Utilities			
i. Insurance/Bonding <sup>1</sup>			
j. Contractual Services			
k. Printing/Reproduction			
l. Audit <sup>2</sup>			
m. Other (Specify):			
<b>GRAND TOTALS</b> \$			

<sup>1</sup>Note that General Liability Insurance (\$1 million); Automobile Liability Insurance, if appropriate; and Fidelity Bond (100% of contract amount) are usually required for all contractors. Costs for coverage should be included in this Budget Summary. If you do not already have this coverage, this is an eligible CDBG/ESG/HOME expense.

<sup>2</sup>All projects funded under the Consolidated Plan programs must have an annual independent audit. Agencies with total annual federal or federally-derived funding of \$300,000 or more must have an annual A-133 audit. The cost of conducting this audit is an eligible CDBG/ESG/HOME expense.

<sup>3</sup>Complete the sections on the next page under T.2.a, b, and c for entries in this column.

- 1.b. Explanation of above entries as needed:

- 2.a. Other Resources Projected \$: "Other Resources" can include cash match, donated or in-kind physical match (such as free space, equipment, etc.) or in-kind match provided by volunteers. For Other Resources needed for project implementation, please complete the following chart. *NOTE: Match for projects requesting both capital and operational funding should be kept separate and not duplicated.* Use the codes below in the Status Code column, and provide narrative explanations as needed on the bottom of this page. (Attach additional pages if necessary.)

Proposed Source	Project Value in \$	Status Code <sup>1</sup>	Anticipated Date In Hand
Total \$ Value:			

<sup>1</sup>Status Codes for "Other Resources":

C	Committed: <b>Attach documentation</b> /provide timetable for submission of documentation. Professional in-kind match will be considered as Committed <i>only</i> with written documentation. For continuing funding resources not yet committed for next year, provide most recent award letters. <i>Additional documentation may be submitted as available through August 2003. If committed but not documented, attach explanation.</i>
A	Applied For: Provide status and estimated notification date
TBR	To Be Raised: Describe funding plan and timetable in space below

- 2.b. Volunteer Hours Calculation: Volunteer hours are calculated at \$10/hour, and annual hours must be based on previous year's documented hours or on documented commitments for the year 2004. Professional services may be calculated at the rate normally charged by the professional volunteer to for-profit entities, but this calculation must be accompanied by a signed affidavit from the volunteer stating his/her normal hourly rate and the # of hours to be volunteered to this project in the year 2004.

1) <u>General Volunteers</u>	Number of Annual Hours	x	\$10 Per Hour	=	Total \$ Value
		x		=	
2) <u>Professional Volunteers (specify):</u>	Number of Annual Hours	x	\$ Rate Per Hour (specify)	=	Total \$ Value
		x		=	
		x		=	
		x		=	

- 2.c. Explanation of above entries as needed:



3. Detailed Budget Breakdown: This section provides back-up for each line item shown in section T.1. Budget Summary on page 15. Please make sure this detailed breakdown is consistent with the Budget Summary.

- a. Staff/Salary Breakdown: **Please show all staff positions regardless of funding source that relate to proposed activity.** If multiple staff members have the same position-title, list separately, e.g. Counselor 1, Counselor 2.

Position Title	Salary Per Pay Period	x	% Time On Project	x	# Pay Periods	=	TOTAL PROJECT \$s	=	Requested \$ This Proposal	+	Projected Other \$
Example: Director	@ \$300		40%		26		3,120		3,000		120
Salary Totals							\$		\$		\$

- b. Staff Fringe Benefits

						Total Project Cost	Requested This Proposal
F.I.C.A.	7.65%	x	\$		=	\$	\$
Workman's Comp		x			=		
Health/Welfare		x			=		
Retirement/Pension		x			=		
Other: (Specify)		x			=		
		x			=		
Totals:						\$	\$

- c. Auto Allowance (Maximum of 32.5¢/mile permitted from grant funding)

# Miles/Week	X	¢/Mile	x	# Weeks	x	# Staff	=	Total Project Cost	Requested This Proposal
							=	\$	\$

Staff positions to receive auto allowance:

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1. Telephone: Base Rate/Month \$	X	# Months	=	Total Project Cost	Requested This Proposal
	X			\$	\$
Long Distance/Month \$s	X	# Months	=	Total Project Cost	Requested This Proposal
			=	\$	\$
2. Postage: Costs per Month \$	X	# Months	=	Total Project Cost	Requested This Proposal
	X			\$	\$
3. Internet Connection: Costs/Month \$	X	# Months	=	Total Project Cost	Requested This Proposal
	X			\$	\$
		<b>Totals</b>		\$	\$

1. Office Space	at	\$/Month	X	# Months	=	Total Project Cost	Requested This Proposal
					=		
2. Office Equipment	at	\$/Month	X	# Months	=		
					=		
					=		
					=		
<b>Totals</b>						\$	\$

Type	Total Project Cost	Requested This Proposal
	\$	\$
	\$	\$
	\$	\$
<b>Totals</b>	\$	\$

1. <u>Office Supplies</u> (Maximum of \$250/person/year is acceptable for grant portion)							
<u>\$/Month</u>	X	<u># People</u>	X	<u># Months</u>	=	<u>Total Project Cost</u>	<u>Requested This Proposal</u>
<u>\$</u>			X		=	<u>\$</u>	<u>\$</u>
2. <u>Operating Supplies</u>							
<u>\$/Month</u>			X	<u># Months</u>	=	<u>Total Project Cost</u>	<u>Requested This Proposal</u>
<u>\$</u>			X		=	<u>\$</u>	<u>\$</u>
3. <u>Client Supplies</u>							
	X	<u># Clients</u>	X	<u># Months</u>	=	<u>Total Project Cost</u>	<u>Requested This Proposal</u>
			X		=	<u>\$</u>	<u>\$</u>
<b>Totals</b>						<b>\$</b>	<b>\$</b>

h. Utilities

Service: (Specify)	at	\$/Month	x # Months
		\$	x
			x
		\$	x

**Totals**

Total Project Cost	Requested This Proposal
\$	\$
\$	\$
\$	\$

i. Insurance/Bonding

Type
1. Liability Bond:
2. Fidelity Bond:
3. Other (Specify) _____

**Totals**

Total Project Cost	Requested This Proposal
	\$
	\$
	\$
\$	\$

j. Contractual Services

Type
1. _____
2. _____
3. _____

**Totals**

Total Project Cost	Requested This Proposal
\$	\$
\$	\$
\$	\$
\$	\$

k. Printing and Reproduction

Type
1. _____
2. _____

**Totals**

Total Project Cost	Requested This Proposal
\$	\$
\$	\$
\$	\$

l. Audit Non-profits receiving \$300,000 or more annually in federal or federally-derived funding for any agency projects are required to have an audit in compliance with A-133. All non-profits must have some form of audit.

**Totals**

Total Project Cost	Requested This Proposal
\$	\$

m. Other Direct Costs (specify)

1. _____
2. _____
3. _____

**Totals**

Total Project Cost	Requested This Proposal
\$	\$
\$	\$
\$	\$
\$	\$

Explain the need for any "Other Direct Costs" listed above and describe their relationship to proposed activities:

**U. Indicate whether you have included the following documentation/exhibits with this application:**

	<b>Yes</b>	<b>No</b>	<b>NA</b>	<b><i>If applicable but not included in package, when will it be submitted? (date)</i></b>
IRS 501(c)(3)				
Current State registration/license				
Articles of Incorporation				
Corporation By Laws				
Most recent audit/financial statement (no older than 2001); may be bound				
Financial procedures				
Listing of Board of Directors				
Resumes/references principal staff				
Job descriptions for implementing staff				
Letters of support and match funding				
Evidence of site control				
Property Appraisal				
Information on current open contracts				
Client Participation Policy <i>(Housing the homeless projects only)</i>				
Development Budget Cost Estimate				

*NOTE: "NA" means not applicable to this proposal, or the documentation not required for government agencies. If any documentation is applicable but not provided, please explain reason that not included in this package:*